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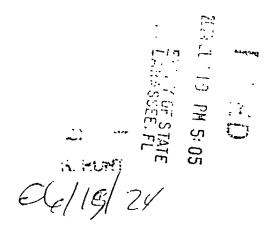
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	Name of Limited Liability Company		
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
	Terra Barnes Name of Person		
	Firm/Company		
	8905 N. Windbreak Ter	600 173 173 173 173 173	
	Note the second state of t	19 PH	· .
	E-mail address: (to be used for future annual report notification)	2; 0	C
For fu	urther information concerning this matter, please call:	က	
<u></u>	Perra Barnes  Name of Person  at (307) 431-0886  Area Code Daytime Telephone Number		
Enclo	sed is a check for the following amount:		
<b>₩</b> s:	25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$ \$60.00 Filing Fee Certificate of Certified Copy (additional copy is enclosed)	of Statu ppy	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Pierce Fam	ily In	idustries. L	.LC	
(Name of the Limited Liz	ability Company orida Limited Lia	' as ii now annears on oii	r records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 24000 25606</u>		vere filed on <u>JUn</u>	e 5, 2024	_ and assigned
This amendment is submitted to amend the following	Ř:			
A. If amending name, enter the new name of the Envious Skin & Lashe	S, LL	C		
The new name must be distinguishable and contain the words	Limited Liability	Company," the designati	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	:	NA		
(Principal office address MUST BE A STREET AL	DDRESS)			
				Ch Ch
Enter new mailing address, if applicable:		NA	<b>5</b> 25.	
(Mailing address MAY BE A POST OFFICE BOX	<u>0</u>		(S)	P 171
B. If amending the registered agent and/or regist agent and/or the new registered office address her		dress on our records	i, enter the maine o	• •
Name of New Registered Agent:	VA		<u>-</u>	
New Registered Office Address: <u>N</u>	J.A.	Enter Florida stre	er address	
			. Florida	
		City	Florida	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member						
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he record specifies a cord is filed.	delayed effective dat	te, but not	an effective	time, at 12	01 a.m. on t	he earlier of:	(b) The 9	Oth day	after the
Dated June	11,		<u>2024</u> .0 12		esentative of a				
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Filing Fee: \$25.00